Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

		CLAIMS AS					_	SMALL EN	1TITY		OTHER	
_			(Column	1)	(Colun	mn 2)	1	TYPE		OR	SMALL E	ENTITY
TOTAL CLAIMS		25					RATE	FEE	1	RATE	FEE	
FO	ıR		NUMBER F	FILED	NUMBE	ER EXTRA		BASIC FEE	370.00	OR	BASIC FEE	740.00
то	TAL CHARGEA	BLE CLAIMS	25 min	25 minus 20=		* 5		X\$ 9=	45	OR	X\$18=	
L	DEPENDENT CL		5 minus 3 =		* 2	* 2		X42=	84	OR	X84=	
ML	MULTIPLE DEPENDENT CLAIM PRESENT							+140=	/	OR	+280=	
* If	* If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II							TOTAL	499	OR	TOTAL	
	C	LAIMS AS A	MENDED	- PAR	T II						OTHER	
		(Column 1)	(Col		mn 2) (Column 3)			SMALL	ENTITY	OR	SMALL E	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	HEST IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF M	Minus	*** PENDENT	T CL AIR	=		X42=		OR	X84=	
L	LINOI PHESE	INTALIUN UF M	OLITE DEI	CNUEN	1 OLAIM		'	+140=.		OR	+280=	
							•	TOTAL		OR	TOTAL	
		(Calum- 4)		100	mp O	(Column a)		ADDIT. FEE	I	1 · · ·	ADDIT. FEE	
		(Column 1) CLAIMS		HIGH	mn 2) HEST	(Column 3)] r		ADDI-	, ,		ADDI-
ENT B		REMAINING AFTER AMENDMENT	Translations and the same	NUM PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
AMENDMENT B	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=]	X42=		OR	X84=	,
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM]		 	UH		
								+140=		OR	+280=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)	_	(Colu	mn 2)	(Column 3)						
AMENDMENT C	u	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		=	 	X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=-]	X42=		OR	X84=	
$ertoldsymbol{f L}$	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									UH		
	16 44				o "o" ·	luma 2		+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
	the "Highest Nu The "Highest Nun	umber Previously P mber Previously Pa	Paid For" IN TH aid For" (Total o	IS SPACE r Independ	is less that dent) is the	an 3, enter "3." • highest numb			propriate bo			

UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND									
1 Date of Request: 5-12-02 2 Serial/Patent # 10/076,386									
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
Filing			\$						
Amendment			\$						
Extension of Time			\$						
Notice of Appeal/Appeal			\$						
✓ Petition	3	43-02	\$ 130						
Issue			\$						
Cert of Correction/Terminal Disc.			\$						
Maintenance		,	\$						
Assignment			\$						
Other			\$						
		7 TOTAL AMOUNT OF REFUND							
	8 TO BE	8 TO BE REFUNDED BY:							
10 REASON:		Treasury Check							
Overpayment	X	Credit Deposit A/C #:							
Duplicate Payment	9								
No Fee Due (Explanation):									
Pinnes we lost drawings									
11 REFUND REQUESTED BY:		TTTLE: 8	Hians Att						
SIGNATURE: Steven Branche	7	phone: <u>30</u>	06-56A3						
OFFICE: fificas ***********************************									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B